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CONFIRMATION NO. 4196

<b>SERIAL NUMBER</b> 10/802,955	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> 05618.P4124X
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## APPLICANTS

Eugene T. Michal, San Francisco, CA;  
Jeffrey Ross, Roseville, MN;

9/13/06

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/414,602 04/15/2003

9/13/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

9/13/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 62	<b>INDEPENDENT CLAIMS</b> 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>amsh</u> Initials <u>ax</u>				

## ADDRESS

08791

## TITLE

Methods and compositions to treat myocardial conditions

<b>FILING FEE RECEIVED</b> 2472	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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